Early On® Oakland
2111 Pontiac Lake Road
Waterford, MI 48328
248.209.2084
248.209.2522 Fax

Early On® Oakland Hearing Development Screening Checklist

Child's Name:	DOB:	Age:
Screener Name:	Agency:	
Screening Date:		

Birth to 3 Months:		
❑ Yes	❑ No	Does your child startle, awaken or cry at loud sounds?
❑ Yes	❑ No	Does your child turn to you when you speak?
❑ Yes	❑ No	Does your child smile when spoken to?
❑ Yes	❑ No	Does your child seem to recognize your voice and quiet down if crying?

4 to 6 Months:		
❑ Yes	❑ No	Does your child respond to "no" or changes in your tone of voice?
❑ Yes	❑ No	Does your child look around for the source of new sounds, such as the door bell, vacuum or dog barking?
❑ Yes	❑ No	Does your child notice toys that make sounds?

7 Months to 1 Year:		
❑ Yes	❑ No	Does your child recognize words for items like "cup," "shoe," or "juice"?
❑ Yes	❑ No	Does your child respond to requests like "come here" or "want more"?
❑ Yes	❑ No	Does your child enjoy games like peek-a-boo or pat-a-cake?
❑ Yes	❑ No	Does your child turn or look up when you call his or her name?

1 to 2 Years:		
❑ Yes	❑ No	Can your child point to pictures in a book when they are named?
❑ Yes	❑ No	Does your child point to a few body parts when asked?
❑ Yes	❑ No	Can your child follow simple commands and understand simple questions such as, "roll the ball," or "kiss the baby," or "where is your shoe"?

2 to 3 Years:		
❑ Yes	❑ No	Does your child continue to notice sounds such as a telephone ringing, television sounds or knocking at the door?
❑ Yes	❑ No	Can your child follow two requests such as, "get the ball," and "put it on the table"?

All Ages:		
❑ Yes	❑ No	Do you have any concerns about your child's hearing?

Conditions associated with possible hearing loss: *(parent or physician may check any that apply)*

- ❑ Repeated episodes of otitis media (ear infection)
- ❑ Prematurity
- ❑ Cranio-facial anomalies
- ❑ Excessive noise exposure
- ❑ Any serious illness (including high fever)
- ❑ Family history of hearing loss
- ❑ Failed hearing screening
- ❑ Experienced head trauma
- ❑ Exposure to ototoxic drugs

Summary:

- ❑ No concerns at this time
- ❑ Parent may want to follow up with child's primary health provider

❑ Audiology Evaluation ❑ Ear, Nose and Throat Assessment ❑ Contact Child's Health Care Provider